

South Africa appeals to Canada to stop recruiting its MDs

South Africa's high commissioner to Canada has issued an unprecedented appeal to this country's health ministers, asking them to stop recruiting South African physicians.

André Jaquet says South Africa has already made a commitment not to recruit doctors from other African countries and that the South African health minister discussed Canada's overseas recruiting efforts with Lloyd Axworthy, then foreign affairs minister, last summer. However, the bluntest reaction from South Africa came later, after the federal government and provinces signed a health care accord in September that promised billions more in federal funding for health care.

"We are concerned that, given the shortages of health care specialists in Canada, the additional funding might be used to recruit doctors, nurses, oncologists, radiologists, pharmacists and other specialists in South Africa," Jaquet stated in a letter to every Canadian health minister, which he made available to *CMAJ*. "Targeted recruiting of this nature by regional health authorities in some Canadian provinces in the recent past has already affected South Africa's ability to reform the poor health infrastructure inherited from our apartheid past, and this leaves us even less able to grapple with the serious HIV AIDS pandemic. . . .

"Could I appeal to you and to your health administrators to take these concerns into account as you prepare your plans for the coming years."

Jaquet says there are now close to 1500 South African physicians in Canada and "given the shortages projected for Canada, we are very worried about what the future holds." He says that South Africa's concern now extends beyond physicians to other professionals such as nurses and pharmacists, who are also being actively recruited by developed countries.

Jaquet's appeal will be a hard sell in places like Saskatchewan, where almost 1 in 5 of the province's 1530 doctors —

17% —earned their first medical degree in South Africa.¹ These 260 physicians represent the equivalent of 5 years' output from the University of Saskatchewan's medical school. (Overall, 54% of Saskatchewan's doctors were trained outside Canada.)

The case of Dr. Martin Vogel, the first South African-trained physician to head the Saskatchewan Medical Association (SMA), is one sign of the expanding role South Africans are playing in Canadian medicine. Vogel says even he did not fully appreciate how large this role has become until he attended the SMA's annual golf tournament last August. The tournament provided his first opportunity in 7 years to tell a joke in Afrikaans "because half of the doctors there were South African."

Martin and Teresa Vogel immigrated to Canada permanently 7 years ago after a 1-year stint in rural Saskatchewan made them realize there was an alternative to living amid the growing violence in their homeland. In Shaunavon, a small town in the fertile prairie of southwest Saskatchewan, they found their haven.

Why did he make the trek here? "To know your [3] kids are safe while you're at work," he says. "To know that if you're going to be back late, somebody will pick them up and take them to hockey or to dance class. To know if you're going to be out of town they can have a sleepover. I can't speak highly enough about that."

Although South Africa accuses countries such as Canada, New Zealand and Britain of poaching its physicians, the accusations annoy Vogel. "Being from Africa, I know what poaching is," he says. "There is the hunter and there is the hunted. If anything, I was hunting for a better life."

CMA President Peter Barrett, a University of Toronto graduate who practises in Saskatoon, says provinces like

Saskatchewan would be in desperate shape without foreign doctors. "I think it's a bad rap," he says of the poaching allegation. "Doctors are a valuable commodity. If they're leaving your jurisdiction, you have to ask why it's better where they're going."

Jaquet describes the international recruiting efforts as a carousel. "There are not just 2 countries involved," he says. "Your doctors go to the US, South



Dr. Martin Vogel: "I know what poaching is."

Africans move to Canada to replace them, South Africa then drains Zimbabwe to replace our doctors, and so on. It's crazy in a sense."

Physicians first began leaving South Africa to escape compulsory military service in an apartheid regime they did not support. However, the flight continued after apartheid was abolished in 1994. "Sure we are concerned," Jaquet says of the exodus, "but being a democracy also means that we don't want to inhibit people's right to move. We do recognize that right, but certainly there is room for an ethical discussion."

Vogel says doctors have many reasons for leaving the country: some want to avoid a period of compulsory rural service, while others are fleeing hospitals that are plagued by theft, staff insubordination and a lack of basic equipment. The country also faces severe economic problems, particularly because of inflation.

After the Vogels' initial 1-year stint in Saskatchewan 9 years ago, they re-

turned to South Africa, where they grew alarmed by the growing violence. "When you're living under those circumstances day to day, you don't know any different," Vogel says. "But when you get to a place like [Shaunavon] you exhale and say, 'Wow, it doesn't have to be like that.' So it's hard to go back."

Back in Cape Town, they decided to move to Canada permanently. An incident on the eve of their departure convinced Vogel that he made the right decision: gunmen had stormed a church service, and dozens of wounded and dying patients were being brought to the Victoria Hospital Emergency Department, where he was on duty. "I said to myself, 'I don't want to be in this emergency room

when they attack a school.'"

Vogel speaks matter-of-factly about some of the medical skills he brought with him. In one case, when a young farmer from the Shaunavon area accidentally shot off one of his toes, Vogel knew immediately what had to be done. He may not see many injuries like this in Saskatchewan, he says, but he did in South Africa. "One thing we were well practised in was treating gunshot wounds. In a city like Cape Town, [shootings are] a daily occurrence."

Shaunavon (population 2200) is a world apart from Cape Town and its 3.1 million residents. It is a quiet community with a 16-bed hospital that overlooks a field at the edge of town. "He's

been good for Shaunavon," pharmacist Hazel Lavoy says of Vogel. "I don't care where we're stealing doctors from — we need a doctor to keep this town vibrant."

In fact, Shaunavon still faces a GP shortage. The area can provide enough work for 3 doctors, but Vogel is practising alone. Mayor Sharon Dickie, who is leading the search for 2 more physicians, would be happy to attract more South Africans. "I don't think Dr. Vogel realizes how much we need him and appreciate him, and fear losing him," she says. — *Amy Jo Ebman*, Saskatoon; *Patrick Sullivan*, CMAJ

Reference

1. Sullivan P. Canada a prime destination as MDs flee South Africa. *CMAJ* 1999;160(11):1615-6.

Casinos bring ill fortune, psychiatrists warn

A 3-year-old casino in Hull, Que., has caused local residents to gamble more often and lose more money, the *Canadian Journal of Psychiatry* reports (2000;45:810-5). The study on the impact of availability on gambling also discovered an increase in the number of potential problem gamblers since the casino opened.

Laval University researchers randomly selected and interviewed 457 people from the Hull area before (1996) and after (1997) the Casino de Hull

largest average amount lost in 1 day of gambling (casino and other types) increased by 73%, from \$89 to \$154. In Quebec City during the same period, the number of gamblers decreased (from 26.7% to 22.4% of respondents), as did the largest average amount reported lost in 1 day of gambling (from \$33 to \$21). The average amount spent by Hull respondents at the casino was \$251 annually, while Quebec respondents spent an average of \$113 on gambling in general.

The extent of the casino's negative impact is indicated by responses from Hull residents before and after it opened. After the opening, 50% more Hull respondents disagreed with its establishment (29.2%) than had disagreed before it opened (19.5%).

Lead investigator Robert Ladouceur, a psychology professor, said the results of the study, which was funded by Loto-Québec, weren't unexpected. He was particularly interested in the results concerning problem gamblers. "When they start gambling to win back money they've lost, then that's a problem," he told *CMAJ*.

According to the study, the proportion of at-risk gamblers more than doubled in the year the casino opened (from 3.3% to 7.8%). Signs of an at-risk gambler include playing longer and spending more than planned, and trying to hide the gambling from family members or friends. The study found that the preva-

lence of probable pathological gambling did not change significantly. However, more Hull respondents said they knew someone who had developed a gambling problem over the past 12 months (28.2%) than did the Quebec respondents (15.6%).

In an earlier study on the prevalence of pathological gambling in Quebec,¹ Ladouceur found that the prevalence of the problem had increased from 1.2% in 1989 to 2.1% in 1996, a 75% increase.

This corresponds with the dramatic increase in legalized gambling in Canada. In 1985 the provinces were given exclusive control over gambling and legalized computer, video and slot devices. By 1997/98, Canadians were spending \$6.8 billion annually on some form of government-run gambling activity and the provinces were spending \$14 million providing treatment services for problem gamblers.

According to a recent *CMAJ* study (2000;163[1]61-4), the largest public health issues created by widespread gambling are gambling addiction, family dysfunction and underage gambling. "It's a very controversial issue," said Ladouceur. "There are medical problems, social problems and economic problems." — *Barbara Sibbald*, CMAJ

Reference

1. Ladouceur R, Jacques C, Ferland F, Giroux I. Prevalence of problem gambling: a replication study 7 years later. *Can J Psychiatry* 1999;44:802-4.



Art Explosion

opened. They compared this group with a control group of 423 respondents from Quebec City, which doesn't have a casino. The response rate was 53%.

After the casino opened, the proportion of Hull respondents who gambled increased from 13.8% to 60.4%, and the